

# APPLICATION FOR CERTIFIED COPY OF BIRTH RECORD

**FEE: \$17.00 EACH**

The California Health and Safety Code, Section 103526, permits only authorized persons as defined below to receive authorized certified copies of birth records. Those who are not authorized by law to receive an authorized certified copy will receive a certified copy marked **"Informational is not a valid document to establish identity."**

(See description on reverse side of form)

**Please indicate whether you would like an Authorized Certified Copy or an Informational Copy.**

In order to receive an **Authorized Certified Copy**, you must indicate your relationship to the person named on the application form by selecting from the list below. If you are not required to select from the list below you may receive an **Informational Copy**. (See instructions on reverse side for mail requests.)

I would like an **Authorized Certified Copy**.

I would like an **Informational Copy**.

**I AM:** The registrant or a parent or legal guardian of the registrant.  
A child, grandparent, grandchild, sibling, spouse, or domestic partner of the registrant.  
A party entitled to receive record as a result of a court order, an attorney or licensed adoption agency seeking record in order to comply w/ the requirements of Section 3140 or 7603 of the Family Code.  
A member of a law enforcement agency or a representative of another governmental agency, as provided by law, conducting official business.  
An attorney representing registrant or registrant's estate, or any person or agency empowered by statute or appointed by a court to act on behalf of the registrant or the registrant's estate.

**DATE OF BIRTH – Fecha De Nacimiento**

**DL / ID:** (PERSON REQUESTING BIRTH RECORD)

**RECORDER USE ONLY**

**MONTH/MES**

**DAY/DIA**

**YEAR/AÑO**

DATE:

**# OF COPIES:**

**NAME GIVEN BIRTH** (First, Middle, Last) – **NOMBRE DE NACIMIENTO** (Primer, Segundo, Apellido)

VOL/BOOK & PAGE:

**CITY OF BIRTH – CIUDAD DE NACIMIENTO**

CLERK INITIALS:

**NAME OF FATHER – NOMBRE DEL PADRE**

CERTIFICATE #:

**MAIDEN NAME OF MOTHER – NOMBRE DE MADRE DE SOLTERA**

**MAIL REQUESTS TO:**

I \_\_\_\_\_ (PRINT NAME – ESCRIBE SU NOMBRE)

Swear (of affirm) under penalty of perjury that I am an authorized person, as defined in California Health & Safety Code Section 103525(C), & I am eligible to receive an AUTHORIZED certified copy of birth record identified on this Application form.

Sworn this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ at \_\_\_\_\_  
DAY/DÍA MONTH/MES YEAR/AÑO CITY/CIUDAD

Signature / Su Firma \_\_\_\_\_

COUNTY CLERK-RECORDER  
1055 MONTEREY STREET  
SUITE # D-120  
SAN LUIS OBISPO, CA 93408

PHONE: (805) 781-5080  
FAX: (805) 781-1111

[www.sloclerkrecorder.org](http://www.sloclerkrecorder.org)

**IF COPY IS TO BE MAILED, COMPLETE MAILING ADDRESS BELOW**

NAME / NOMBRE

STREET ADDRESS / NUMERO Y CALLE

CITY / CIUDAD

STATE/CIUDAD,

ZIP CODE/ZONA POSTAL

**MAIL REQUESTS MUST BE ACCOMPANIED BY A NOTARIZED CERTIFICATE OF IDENTITY. SEE BACK OF FORM**

## NEW LAW EFFECTIVE JULY 1, 2003

Effective July 1, 2003, the California Health and Safety Code, Section 103526, will permit only authorized individuals to receive authorized certified copies of birth or death records. An Authorized Certified Copy of a birth certificate is required to obtain a driver's license, passport, social security card and other services related to an individual's identity. An Authorized Certified Copy of a birth certificate may be required to claim insurance proceeds, notify social security and obtain other services related to an individual's identity. Those who are not authorized by law to receive an authorized certified copy will receive a certified copy marked **"INFORMATIONAL, NOT A VALID DOCUMENT TO ESTABLISH IDENTITY"**.

In order to obtain an Authorized Certified Copy on or after July 1, 2003 you **MUST** complete the sworn statement on the front of this application for a record and sign the statement under penalty of perjury. If you mail your request, your sworn statement must be notarized. **If your mailed request indicates that you want an Authorized Certified Copy but does not include a signed statement sworn under penalty of perjury and an original certificate of identity, the request will be rejected as incomplete and returned to you without being processed.**

**The certificate of identity is required only for mail requests for copies and only for an Authorized Certified Copy- see above information. If you only require an Informational Copy, you do not need a completed certificate of identity.**

**If you are requesting multiple records, you must complete an application for each record, however only one certificate of identity is needed for all applications submitted concurrently.**

### CERTIFICATE OF IDENTITY (ACKNOWLEDGMENT)

State of \_\_\_\_\_)

County of \_\_\_\_\_)

On \_\_\_\_\_, before me personally appeared \_\_\_\_\_,

☐ personally known to me, or ☐ proved to me on the basis of satisfactory evidence, to be the person whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her authorized capacity, and that by his/her signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal.

(NOTARY SEAL)

\_\_\_\_\_  
NOTARY SIGNATURE